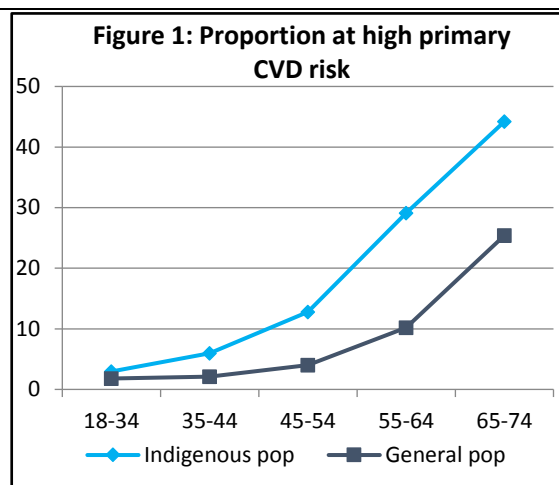


Incorporating best practice cardiovascular disease assessment and management within health assessments (MBS items 715 and 701 – 707)

Key messages

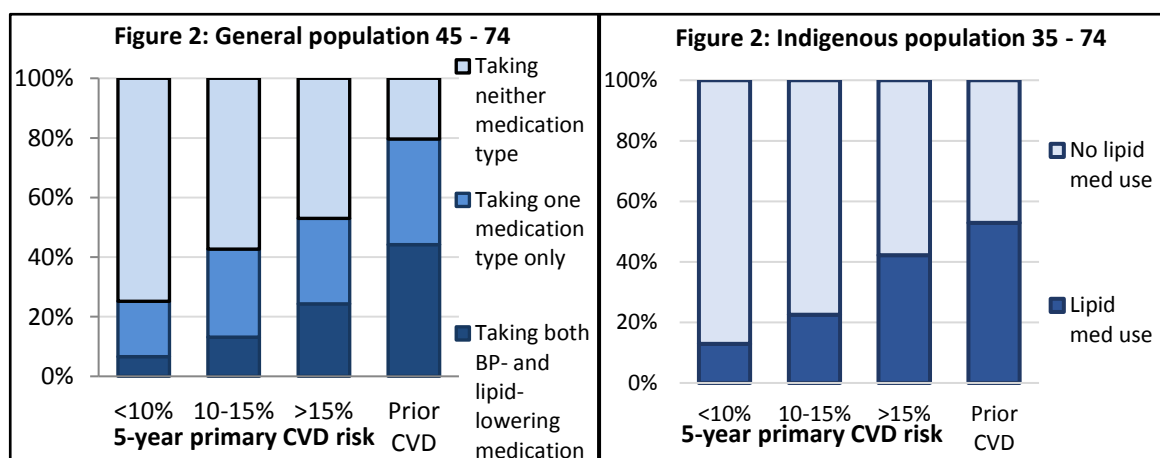
1. Cardiovascular disease (CVD) events are highly preventable with optimal care. Coronary heart disease is the leading cause of the disease burden and of the Indigenous/non-Indigenous health gap in Australia.
2. An absolute risk approach to CVD is recommended nationally and internationally as a life- and cost-saving intervention.
3. The vast majority of people at high risk of CVD are not receiving recommended treatment, representing a massive missed opportunity to reduce CVD burden in Australia.
4. Revisions to the MBS health assessment items would be an effective mechanism to improve best practice CVD care in Australia.

CVD events can be prevented with optimal care. However, they remain a leading cause of premature morbidity and mortality in Australia. The burden of CVD is of particular importance in Aboriginal and Torres Strait Islander people where it is the main contributor to the life expectancy gap. Coronary heart disease hospitalisation rates in Aboriginal and Torres Strait Islander people aged 25-44 are 7-8 times those of the general population, reflecting early onset of high CVD risk (see Figure 1).¹ Overall, 11% of the general Australian population aged 45-74 and 16% of the Aboriginal and Torres Strait Islander population aged 35-74 is at high risk of a primary CVD event.^{2,3} This paper focuses on the opportunities for improving care supported by revisions to MBS 715 and 701-707.



The vast majority of people at high risk of CVD are not receiving recommended treatment, representing a massive missed opportunity to reduce disease burden in Australia

- An absolute risk approach to CVD assessment and management is international best practice⁴ and has been assessed as being **cost saving** compared to a single risk factor approach.⁵
- Over 70% of the Australian population aged 45-74 at high primary CVD risk are not being treated with recommended combined lipid- and blood-pressure-lowering medication; >55% of Aboriginal and Torres Strait Islander people 35-74 at high primary CVD risk are not receiving lipid-lowering therapy (Figure 2).
- This shortfall in treatment represents a major implementation gap and is the result of multiple factors, including sub-optimal systems in primary care and MBS that do not support an absolute risk approach.



Existing MBS item 715 recognises the importance of CVD but requires updating to reflect current best practice; it currently includes a single-risk factor approach, which contributes to under- and over-treatment.

- MBS item 715 recognises the importance of CVD and includes measuring blood pressure and conducting blood tests. This means that it implicitly supports a single risk factor approach and does not integrate

information across the multiple known contributors to CVD. The single risk factor approach is known to generally underestimate risk, miss people at high risk and to lead to overtreatment of those at low risk.⁶

Aligning MBS health assessment items with current guidelines would promote a structured and holistic approach to CVD, smoking, diabetes and chronic kidney disease (CKD) and better targeted preventive treatment, including pharmacotherapy

- An absolute risk approach to CVD promotes a holistic and structured approach to screening for smoking, high blood pressure, dyslipidaemia, diabetes and CKD.
- It is associated with better targeted prevention and pharmacotherapy and, as well as reducing CVD events, has the potential to slow the progression of CKD and prevent the onset of dementia
- MBS health assessment items aligned with current absolute CVD assessment and management guidelines would be a powerful tool to promote best practice.

There is broad support for an absolute risk approach to CVD and including it within a health assessment for Aboriginal and Torres Strait Islander people and for the general population

- An absolute risk approach to CVD prevention is endorsed by the NHMRC and recommended across all major guidelines relating to CVD risk reduction and Aboriginal and Torres Strait Islander primary health care, including those led by the National Aboriginal Community Controlled Health Organisation (NACCHO).
- A recent roundtable of experts on Aboriginal and Torres Strait Islander CVD expressed support for integrating an absolute risk approach to CVD within MBS item 715 as a mechanism to improve CVD prevention. This was particularly the view of Aboriginal and Torres Strait Islander leaders present.
- An absolute risk approach to CVD is recommended for the general population aged 45-74. MBS items 701-707 do not currently include a specific CVD focus and could be modified to include this approach.

Revising the MBS health assessment item descriptors ties in with existing general practice activity

- The MBS health assessment items have been in place for over 10 years and are embedded within general practice. In 2016-17 there were 112,648 health assessments performed on the general population aged 45-54 (MB 701 – 707) and 83,561 Aboriginal and Torres Strait Islander health assessments performed on adults 35 years and older.
- The Australian Government has set a target of doubling the coverage of the adult Aboriginal and Torres Strait Islander health assessment by 2023
- Revised item descriptors would need to be linked to appropriate and up to date guidelines on CVD prevention in order to respond to emerging evidence. They would need to cover the appropriate age ranges for an absolute risk approach to CVD; 45 to 74 for the general population, <25 to 74 for Aboriginal and Torres Strait Islander people.³

The benefits of revisions to existing MBS items to support an absolute risk approach to CVD are likely to be multiple and synergistic

- CVD represents the greatest cause of health burden for the general community and Aboriginal and Torres Strait Islander people. A substantial proportion of the general population are likely to benefit – directly or indirectly – from reduced CVD resulting from better implementation of what is known to be effective.
- The majority of Aboriginal and Torres Strait Islander people and communities are likely to benefit from a more systematic, structured, holistic and effective approach to CVD, since CVD risk factors are widespread and there are virtually no families untouched by CVD/diabetes/CKD.
- Health services will benefit by having greater support and structure to conduct absolute CVD risk assessment and management.
- There are major benefits to Australian society as a whole to having reduced CVD in Aboriginal and Torres Strait Islander people and in the general population.
- Government and the broader society are likely to benefit from cost savings flowing from increased uptake of the absolute CVD risk approach.

For further information: Professor Emily Banks (emily.banks@anu.edu.au), Dr Jason Agostino (jason.agostino@anu.edu.au), Associate Professor Ray Lovett (raymond.lovett@anu.edu.au)

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